

Tealk Services Limited

# The Beeches (The Drive)

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 23 May 2017 and was unannounced. At our last inspection in April 2015, we found the provider was meeting the regulations we inspected.

The Beeches (The Drive) provides accommodation and support to eight people with a learning disability.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were quality assurance and governance systems in place to drive continuous improvement; however, the systems were not always working effectively because the provider had not identified some health and safety issues. Improvement was also needed in the management of medicines to ensure people remained safe.

The registered manager had not always informed us of any notifiable incidents in the service.

The provider had a complaints procedure. People and their relatives felt able to raise concerns with the management of the service if they needed to.

The provider had a safe system for the recruitment of staff. There were sufficient numbers of staff on duty to meet the needs of people who used the service.

People were supported to maintain good health and access healthcare services. Advice from other professionals was sought when needed.

The provider had systems in place to protect people from avoidable harm. People told us they felt safe and staff had received training in safeguarding people and knew how to recognise and report it. Risks to people were appropriately assessed and managed.

Staff had a good understanding of the principles of the Mental Capacity Act, and the importance of gaining consent before providing care to people. The registered manager had made applications in relation to Deprivation of Liberty Safeguards to the supervisory body.

Staff received appropriate training and support to help them in their roles. They received regular supervision and appraisal.

People's needs were assessed and detailed care plans were in place to enable staff to provide personalised care. Care plans were reviewed regularly.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing. They were given choices of food at meal times.

People were treated with dignity and respect by the staff. Their independence was promoted. We saw staff interacting with people in a caring manner. People were supported to make lifestyle choices.

Staff felt supported by the registered manager and relatives commented positively on the way the service was run. The registered manager welcomed comments to improve the service.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe. We found the provider was failing to ensure the environment was safe, as hazards were not being identified and this could put people, visitors and staff at risk.

People's medicines were not managed safely.

Staff were recruited appropriately and there were sufficient staff on duty to care for people.

Risk assessments were in place which included information about how to manage and reduce risks to ensure people's safety.

People were protected from abuse as the provider had robust procedures and processes in place and staff had received training in this area.

### Is the service effective?

**Good** 

The service was effective. Staff received appropriate training which gave them the skills to carry out their roles and responsibilities.

People's dietary needs were managed with reference to individual preferences and choice.

The provider was working within the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff liaised with other healthcare professionals as required to ensure they met the needs of people.

### Is the service caring?

**Good** 

The service was caring. Staff had developed good positive relationships with people and knew them well. People commented staff were kind to them and treated them well.

Staff helped to promote and maintain people's independence

and respected their privacy and dignity.

We observed interactions between people and staff were positive, caring and friendly.

People were supported to express their views and were involved in making decisions about their care and support.

### Is the service responsive?

Good ●

The service was responsive. People's care needs were assessed. People were provided care and support in line with their assessed needs.

People were supported to access activities which were tailored to their individual needs.

There was a complaints policy and procedure in place and people and their relatives knew how to make complaints.

### Is the service well-led?

Requires Improvement ●

The service was not always well led. The registered manager did not always submit statutory notifications to the Care Quality Commission as required by law.

People and staff found the registered manager was approachable and supportive.

People, relatives and staff were given opportunities to comment about the service and make suggestions where they felt improvements were needed.

# The Beeches (The Drive)

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 May 2017 and was unannounced. It was carried out by one inspector.

Prior to our visit, we looked at information we held about the service which included notifications. Notifications are information the provider or registered manager sends us to inform us of significant events. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection visit we spoke with three people in the service, the registered manager, the team leader and one member of staff.

We looked at three people's care records, medicine records for all people, three staff recruitment folders, training and health and safety records. We also sampled staffing rotas; risk assessments, staff supervision; policies and procedures; minutes of meetings and various quality assurance audits for monitoring the quality of the service.

After the inspection, we spoke to three relatives and one member of staff over the phone to get their views on the service.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. Relatives commented positively about the staff and felt their family members were safely supported. One person said, "I feel safe here." One relative told us, "The staff look after my family member well and I don't have to worry."

The provider had systems in place to ensure the environment and equipment was safe. However, on the day of our visit we noted that none of the fire doors in the service were closing fully against the frame. This put people, staff and visitors to the service at risk in the event of a fire. We also saw one fire door was propped open by a wedge and another was closing on top of the frame instead inside the frame. We discussed our concerns with the registered manager and they said they would ensure all the doors were fixed. We also brought to their attention that the same concern was identified during a visit carried out by the fire brigade in July 2016.

We saw people had a personal emergency evacuation plan (PEEP) in place. These are documents which advise of the support people need in the event of an evacuation taking place. However, we noted the information contained in them needed to be more specific and elaborated upon. The registered manager agreed to review and add more information which would help in the event of an emergency.

During a tour of the service, we noted the provider was failing to ensure people had access to clean drinking water as we found the shower heads in two shower rooms could drop below the water level when the showers were in use. This could create a backflow (an unwanted flow of water in the reverse direction) and could be a serious health risk for the contamination of drinking water, which people and staff consumed.

These issues were a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were happy with the way staff administered their medicines to them. However, we found the system to manage medicines was not always safe. We looked at all the medicine administration records and found gaps in signatures on four occasions. We also noted one item of medicine was prescribed to be given three times a day and this was being administered only once a day. This could put people at risk as they were not receiving their medicines as prescribed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The medicine administration records were checked regularly by the registered manager to ensure people had received their medicines as prescribed and to identify any errors or missing signatures. However, they did this on a weekly basis and were due to do it on the day of our visit. That was why the missing signatures were not identified. We discussed our concerns with the registered manager as another member of staff would have noticed the missing signatures and this should have been brought to the attention of the senior staff. They said they would look into how improvements could be made in this area.

Medicines were kept in a trolley in the office, which was kept locked when not in use. We saw records which indicated the temperature was taken of the trolley on a daily basis. However, we noted the temperature was reaching the maximum allowed at times. We discussed our concerns with the registered manager who advised us they would look at moving the trolley to another area if the temperature increased above the recommended level.

All staff had completed medicine management training. We saw the registered manager carried out regular checks to monitor staff competencies with regards to the administration of medicines to people. Each person had a profile in the medicines folder and this had their photographs, date of birth and any allergies they had. There was also a list of staff signatures in place and this helped to identify which staff had administered medicines to people.

There were sufficient numbers of staff working at the service to meet people's needs. The registered manager ensured there were enough staff on duty on each shift to keep people safe. We looked at the staffing rota for the past six weeks and found sufficient numbers of staff available to support people in line with their care needs. Relatives and staff felt there were enough staff to support people who used the service. One relative told us, "There is always staff around when I go to visit." One member of staff said, "We have enough staff on duty and sometime we have more as we need to go to appointments with service users." On the day of our visit, one extra member of staff was on duty as one person had an appointment for a blood test. We saw there were staff around to offer people assistance when they needed it.

The provider had suitable recruitment procedures in place and carried out the required checks before staff started work at the service. We looked at three recruitment files and found they contained pre-employment checks such as an application form, two references, a health check, copies of identifications and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. This helped to ensure people were cared for only by staff who were suitable to look after them thus keeping them safe.

People were protected from avoidable harm and potential abuse. The provider had safeguarding policies and staff had received training in safeguarding. Staff were clear of the process to follow should they identify any safeguarding issues or concerns. One member of staff said, "I would report any concerns straight the team leader or the registered manager." We saw safeguarding was discussed during staff one to one meeting with the registered manager.

Risks to people were assessed and monitored. Each person had a range of risk assessments specific to them; these included environmental risks and any risks due to their health and support needs. Where the staff had identified a risk, there was guidance in place to address how the risk could be prevented or minimised. For example, when people went out in the community." Staff were knowledgeable about the different risks associated with people and provided with the appropriate support. Risk assessments were reviewed on a monthly basis or more regularly if there was a change in the risk to the person.



# Is the service effective?

## Our findings

People and their relatives told us the staff were good and knew what they were doing. They felt the staff were trained to do their job well. One relative said, "The staff know [person] well and have the skills to meet their needs." One person told us, "I'm happy with the staff."

People told us they enjoyed a choice of healthy food and drinks. One person said, "The food is good." People were offered meals which were based on their preferences and dietary requirements. For example, one person told us, "I like eating chicken curry and can eat it here."

Staff were aware of people's food and drink preferences and prepared a menu based on these choices. They also ensured people's religious dietary requirements were respected. For example, one person was allowed to eat a certain meat product.

People were involved in choosing what they would like to eat when the staff planned the menu for the coming week. The registered manager explained to us that the menus were used as a guide only and they were very flexible. This meant people could choose a different meal from the menu and the staff would prepare the meal of their choice.

We saw that people received support from health care professionals as required. People were assisted to access professionals such as GP, dentist, psychiatric and optician. Staff kept a record of all healthcare appointments people had attended and their outcomes. Any advice or treatment from healthcare professionals were incorporated in people's care records. This helped to ensure staff had the relevant information to meet people's changing needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. They understood the importance of the MCA and told us how they supported people to make decisions in their daily lives. We noted the registered manager had appropriately sought authorisation for DoLS for some people living at the service and therefore protecting their human rights. They showed a good understanding of how to support people in a way that did not restrict their freedom. We saw people had signed consent forms with regards to their care and support. The care records of people contained information about their capacity and what support they required. Staff understood the importance of seeking consent before providing support to people.

At the time of our visit, no-one using the service had access to an advocate. An advocate is an independent person who helps people express their needs and wishes and make decisions about options available to them and represents their interests. The registered manager had information on how people could access an advocate if they wanted to do so.

The provider ensured staff had the required knowledge and skills to meet the needs of people who use the service. Staff were offered training in a number of areas such as: Fire safety, food safety; moving and handling; safeguarding; falls prevention; Mental Capacity Act; first aid; and end of life.

From the training records, we saw staff had attended a number of training courses and they confirmed with us they had received the required training. Staff commented the trainings were good and helped them to develop their skills and knowledge in how to support people. Training courses were either classroom based or completed through e-learning. Each staff had to complete a number of training online and the registered manager monitored the records to ensure they were doing so and when their training needed to be refreshed. This helped to ensure people received care and support from staff who had been trained in their roles. All staff were enrolled to complete the Care Certificate, which is an identified set of standards that staff adhere to in their daily working life.

Staff confirmed they had regular supervision and they were given the opportunity to discuss any issues they had or any training they would like to attend. Supervision sessions are one to one meetings that staff have with their line manager. We saw there was a timetable in place so that the registered manager and staff were aware when the next supervision was due.

We saw the records of supervision meetings were comprehensive and covered a number of areas such as work-related issues, training, people needs and philosophy of the service. For example, one member of staff was asked by the registered manager to work closely with the team leaders to update one person's risk assessment, so the staff could learn more about their needs.

Staff told us they felt well supported by the registered manager and could discuss any issues with them. One member of staff said, "I have regular supervision sessions and this helps me with my work." Another staff said, "If I have any concerns I can discuss with the manager during my supervision."

We saw staff also received an annual appraisal. An appraisal is a formal opportunity for the registered manager to look at the performance of staff which included career developments.

# Is the service caring?

## Our findings

People and relatives told us they were happy with the service and the way staff provided care and support. One person said, "The staff are very good." One relative comment was, "The staff do a very good job, they are very helpful, caring and welcoming." Another relative said, "The staff are very friendly."

During our inspection, we saw people were relaxed around staff and the interaction between them was of a friendly and caring nature. One person became anxious and the staff used their skills to manage the situation and offered reassurance to help the person feel better. Staff knew people well, such as their likes, dislikes and preferences. This helped them to ensure people's individual needs were met.

People were encouraged to maintain contact with their family members. Relatives were able to visit at any time. However, the registered manager informed us that the relatives would normally phone before coming as sometimes the people were out in the community. Relatives confirmed what the registered manager told us and said the staff were always welcoming. Some people went home to visit their relatives on a regular basis.

People's privacy and dignity were respected. Each person had their own single bedroom. Staff gave us examples of how they maintained people's privacy, such as making sure the bedroom doors were closed when providing people with personal care.

Staff encouraged people to make choices about their day to day care and how they spent their time. People could spend time in their room or in the communal areas within the service. They were free to access all parts of the premises. People who were able to, could go out in the community whenever they want, although they needed to inform the staff first for safety reason.

From care records, we noted people were involved in decisions about their care and support. Where people were unable to do their relatives did so on their behalf. People and their relatives' views were listened to and acted upon. One relative told us, "The staff always let me know what is happening with my family member and they are very good at keeping me informed."

Staff encouraged people to maintain their independence. They were aware of how much each person was able to do for themselves and what assistance they needed. For example, one member of staff explained to us how they encouraged one person to wash part of the body where they were able to do so during personal care. Staff also told us they encouraged people to make their own drinks if they were able to do so under supervision.

During our inspection, we saw there was good communication between the staff and people. There was a communication plan in people's care records which gave guidance to staff on how to meet people's communication needs. For example, one person would understand only short sentences and staff needed to speak slowly and clearly to them and give them time to respond.

We saw records were kept securely within locked cupboards within a locked office. They were available only to those people that required them. Information which was kept on computers was password protected and the level of access was also restricted. For example, the registered manager was able to view information that was not accessible to other members of the staff team. This helped to ensure people's confidentiality was protected.

## Is the service responsive?

### Our findings

People and their relatives were satisfied with the service. One relative told us, "It is a good place, staff are good and caring." Another relative said, "The care is good, they [staff] know how to look after [family member]."

People received personalised care that was responsive to their needs. We looked at care plans and found them to be centred on the person as an individual. They contained information on how each person must be supported. They also included people's likes, dislikes and preferences. This helped to ensure staff had knowledge of how to provide personalised care and support to people who used the service.

There were also guidelines on how to care for people whose behaviour could harm themselves or people around them. Staff were aware of how to manage situations where people become distressed, such as taking them out for a walk or engaging them in activities they liked doing. Staff were able to tell us about the needs and preferences of the people.

We saw people who used the service and their relatives had been involved in planning their care. They were encouraged to contribute in the care planning process. The plans were reviewed regularly and staff were made aware of the changes, so they gave support to people accordingly. People's needs were discussed during team meetings and also during daily handovers between shifts. This helped to ensure staff had up-to-date information about the people who used the service.

Relatives told us they were in regular contact with the staff and they were kept informed of any changes in the care needs of their family members.

The provider operated a keyworker system. A keyworker is a member of staff who took responsibility for overseeing the care of an individual person and ensure all their care needs are met.

Each person had a personalised activity plan in place and people could see what activities they were doing each day. We saw there an activity plan also displayed in the office. This included activities such as sing-a-long, walks in the park, board games, going out for lunch and reflexology. The registered manager also organised day trips for people. People were going to Southend on the day following our inspection and they were looking forward to it. Some people also attended places of worship if they wanted to practice their religion. The registered manager informed us that people's religious and cultural needs were taken into consideration. They mentioned one person went to church on a regular basis. Staff were aware what the hobbies and interests of people were and they supported them to pursue those activities.

People had choice and control over how they wanted to spend their day. For example, if they wanted to take part in any activities or not. One person chose to go out regularly in the community on their own. People could choose to be in the lounge or in their bedrooms.

The provider had a complaints policy which included timescales the complainant should expect to receive a

response. A copy was displayed at the entrance of the service. There was a system to record complaints, however, we noted no formal complaints had been received recently. The last entry was in 2015.

People and relatives knew how and who to complain to if they were not happy about something. They felt they could speak with the registered manager if they needed to or any member of the staff team. One person said, "If I am not happy about something, I will talk to the manager." One relative told us, "They [staff] look after my [family member], I do not have any concerns." Another said, "If I had any complaints we would raise them, I am happy with the home though and the staff work well with the residents." There was a comment box where people, relatives and visitors could make comments or suggestions about the service.

## Is the service well-led?

### Our findings

People and relatives were happy with the management of the service. They felt the service was managed well. Relatives told us the registered manager was approachable and friendly. They said they were comfortable talking to them and could contact them at any time. One person said, "The manager is very good." A relative told us, "The manager is very helpful and very considerate." Another relative said, "The manager is very approachable."

While looking at some records we noted that the registered manager had failed to notify the Care Quality Commission of three safeguarding alerts that they had raised with the local authority. A notification is information about important events which the registered manager is required to send us by law in a timely way. This is to ensure that we were aware of any incidents that had taken place and what action the provider had taken to address them.

The registered manager informed us that they would do so from now. We reminded them of their responsibilities to inform us so we were kept informed of any actions taken or if any recommendations had been acted upon.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We saw the registered manager carried out a number of audits which included medicine administration records, fire safety, health and safety, care plans and the environment. However, we noted the system was not working effectively as they did not identify the concerns with the fire doors and water supply. The registered manager informed us that work would start the following week when the whole premises would be refurbished. An action plan was devised to address the issues that were identified during the latest health and safety audit.

There was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Staff felt the registered manager was doing a good job and they could discuss any issues or make suggestions about the service. They said the staff worked well as a team and the registered manager supported them in doing so. One member of staff said, "The manager is very supportive, I can ask for advice at anytime." The registered manager held regular team meetings with staff where they discussed issues about the service and any concerns staff might have.

The provider had a system in place to monitor the quality of the care being provided. Satisfaction questionnaires were sent to people who used the service, their relatives and staff to get their feedback about the service. We looked at the recent completed questionnaires and found people, relatives and staff were happy with the service.

The provider had a number of policies and procedures in place which accessible to all staff. We saw staff had

signed to indicate they had read and understood some of the important policies such as safeguarding, confidentiality and medicine management.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered manager had not notified the Care Quality Commission (CQC) of incidents which had occurred within the service as required by the CQC (Registration) Regulations 2009. Regulation 18 (2) (e).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person was failing to ensure people's medicines were managed safely to make sure people were safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had failed to ensure the health risk for the contamination of drinking water which people and staff consumed.  Regulation 15 (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

